



PATIENT

Dexter Logue

PRESENTING CLINICAL SIGNS

Bloody D+ 2 days lethargic not eating, still drinking no c/s/v no traveling no human food normal urination can't control BM well Hx of IVDD, seizures

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia noted in both kidneys. The left kidney measured 4.1 cm. The right kidney measured 4.5 cm.

AGE

11 Years

Adrenal Glands

WEIGHT

10.78 Pounds

A subtle non-expansive nodule was present in the cranial left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.37 cm in diameter. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested. Cranial left adrenal width measured 0.55 cm. The right adrenal gland was not definitively visualized.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Dr. Ukachi Ugorji

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

Craig Road AH

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Sarah Jensen

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.37 cm.

INVOICE

30075

The small intestine presented intact wall layering with generalized subjective propensity for prominent mucosa along with intermittent mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall and jejunum wall measured 0.43 cm.

DATE

11/24/21

The colon exhibited generalized distention with non-formed feces, consistent with diarrhea. Descending colon wall measured 0.20 cm.



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Pancreas

Dexter Logue

The parenchyma of the right pancreas was mildly echogenic with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SPECIES

Canine

Free Abdomen

BREED

Dachshund

Focal to intermittent, mildly enlarged mesenteric lymph nodes were present. Example measured 0.32 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Mild to moderate chronic renal changes with mild pyelectasia – The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
- Gastroenterocolitis – suspect HE.
- Suspect chronic pancreatitis
- Mild gallbladder debris (non-mucocele)
- Subtle left adrenal nodule – suspect adenoma.

WEIGHT

10.78 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Fresh fecal analysis to assess for parasitic ova/giardia, and GI panel to include PLI, TLI, cobalamin and folate may be considered. Medical therapy for hemorrhagic gastroenteritis, which may include antibiotic therapy, high colony count probiotic, dietary therapy (limited antigen to hydrolyzed diet), and as needed gastrointestinal support suggested. The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Based on clinical response to HGE therapy, sonographic reassessment of the gastrointestinal tract for evidence of progressive inflammatory changes as well as reassessment of the subtle left adrenal nodule may be considered.

IMAGING PERFORMED BY

Dr. Ukachi Ugorji

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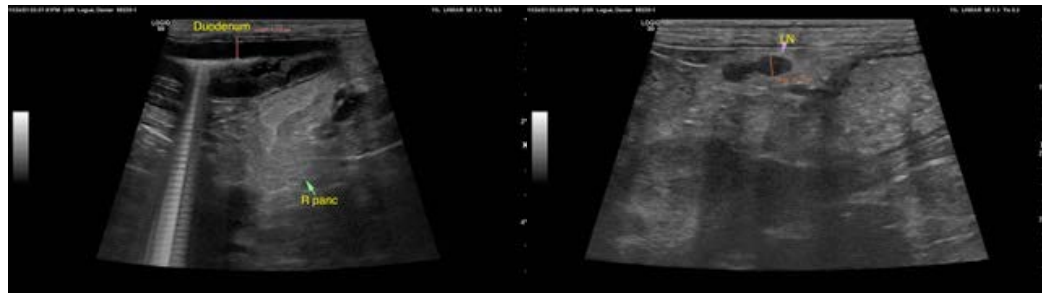
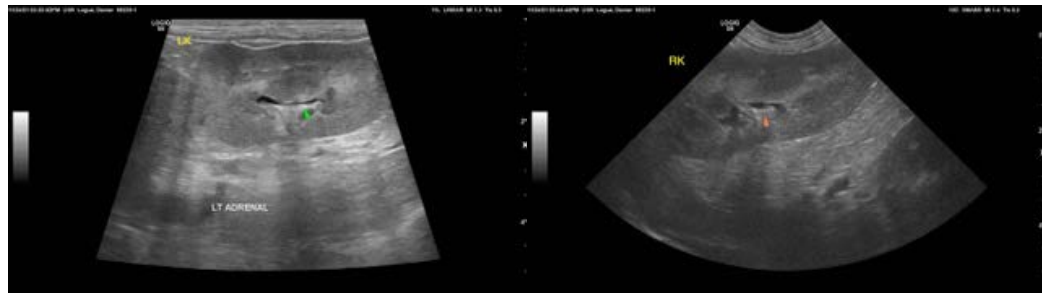
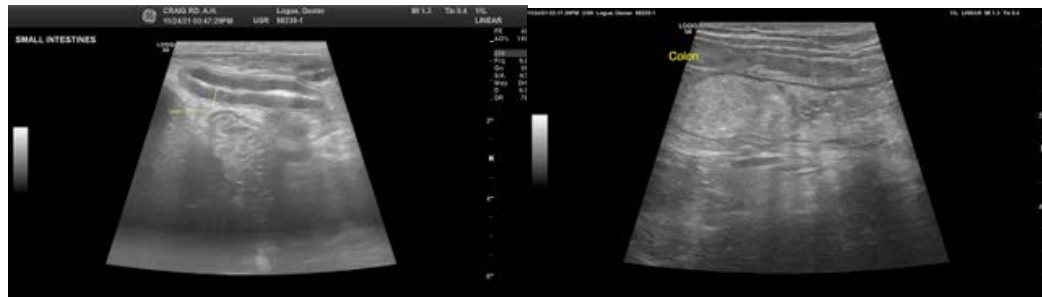
Dr. Sarah Jensen

INVOICE

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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